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TLR
9/3/03IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	LESLIE JAMES WILDING)	
SERIAL NO.:	09/416,007)	
FILED:	October 8, 1999)	ART UNIT:
FOR:	SYSTEM FOR COUPLING A MOBILE)	2682
	RADIO SERVICE BASE STATION)	EXAMINER:
	TO AN ANTENNA)	West,
)	Lewis G.

I hereby certify that this correspondence is
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Number 703-872-9314 on August 15, 2003

Sheila Smolick
Sheila Smolick 8/15/03
signature date

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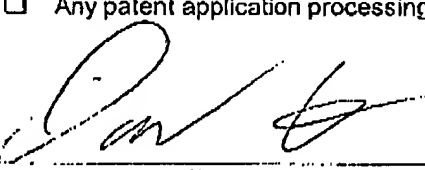
Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OFFICIAL

RESPONSE

In response to the Office Action mailed on May 30, 2003, Applicants requests
reconsideration in view of the following remarks.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 98039 (BLL-0112)	
Applicant(s): LESLIE JAMES WILDING					
Serial No. 09/416,007	Filing Date October 2, 1999	Examiner Lewis G. West	Group Art Unit 2682		
Invention: SYSTEM FOR COUPLING A MOBILE RADIO SERVICE BASE STATION TO AN ANTENNA					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED AUG 18 2003 Technology Center 2600</div>					
<div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
 _____ <i>Signature</i>			Dated: August 15, 2003		
<div>David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192</div>					
<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center; margin-top: 10px;">_____ <i>Signature of Person Mailing Correspondence</i></div> <div style="text-align: center; margin-top: 10px;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></div>					
cc:					